<u>Divisior</u>	<u>of Health Care Fac</u>	ilities				FORM	Λ. UUIZ∏ <u>ZU</u> [<u>Z</u> I APPROVĘD	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - STATE BUILDING B. WING		(Xa) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			09/23/2012		
BLEDSOE COUNTY NURSING HOME 107 WH			ELERTOWN AVENUE E, TN 37367					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP	ISBOURD DE IY.** I		
	1200-8-6-:09(1) Life Safety (1) Any nursing home which complies with the required applicable building and fire safety regulations at the time the board adopts new codes or regulations will, so long as such compliance is maintained (either with or without waivers of specific provisions), be considered to be in compliance with the requirements of the new codes or regulations. This Rule is not met as evidenced by: Based on testing and observations, it was determined the facility failed to maintain the general and night lighting system. The finding included: On 9/22/12 at 10:55 AM, testing of the night light in room 105 revealed the light did not work. This finding was acknowledged by the Administrator and verified by the Maintenance Director during exit interview on 9/22/12.			N 901	N 901 1.) WHAT CORRECTIVACTION WILL BE ACCOMPLISHED FOR RESIDENTS FOUND TO AFFECTED BY THE DEFICENT PRACTICE? No particular resident was a Maintenance replaced the n in room 105 10/3/12 2.) HOW WILL YOU IDENTIFY OTHER RESIDENTS HAT THE POTENTIA BE AFFECTED IS SAME DEFICIENT PRACTICE? No resident was affected, he all residents have the potent affected. Maintenance staff will cheer resident rooms to ensure all are functioning by 11/10/12	RECTIVE BE ED FOR THOSE UND TO BE THE ACTICE? dent was affected. deed the night light 12 ILL YOU FY OTHER NTS HAVING TENTIAL TO ECTED BY THE EFICIENT CE? ffected, however the potential to be will check ensure all lights		
Vision of Hea	IIIh Care Facilities					Continue	rd	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
STATE FORM

Alministrator TITLE

(X6) DATE 10/17/12 Division of Health Care Facilities

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION . (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING 02 - STATE BUILDING B. WING TN0401 09/23/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE BLEDSOE COUNTY NURSING HOME 107 WHEELERTOWN AVENUE PIKEVILLE, TN 37367 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE DATE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) N 901 1200-8-6-:09(1) Life Safety N 901 3.) WHAT MEASURES (1) Any nursing home which complies with the WILL BE PUT INTO required applicable building and fire safety PLACE OR WHAT regulations at the time the board adopts new CHANGES WILL YOU codes or regulations will, so long as such compliance is maintained (either with or without MAKE TO ENSURE waivers of specific provisions), be considered to THAT THE DEFICIENT be in compliance with the requirements of the PRACTICE DOES NOT new codes or regulations. RECUR? Maintenance staff will check resident rooms monthly to ensure all This Rule is not met as evidenced by: lights are functioning and will Based on testing and observations, it was replace blown bulbs as needed determined the facility failed to maintain the general and night lighting system. The finding included: On 9/22/12 at 10:55 AM, testing of the night light 4.) HOW THE CORRECTIVE in room 105 revealed the light did not work. ACTION(S) WILL BE MONITORED TO ENSURE This finding was acknowledged by the THE DEFICIENT PRACTICE Administrator and verified by the Maintenance Director during exit interview on 9/22/12. WILL NOT RECUR? Maintenance staff will check resident rooms monthly to ensure all lights are functioning and will replace blown bulbs as needed. Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Administrator TITLE